

*State of Montana***Eligibility Determination Form for  
Developmental Disabilities Services  
(Children Age 6-15)**

|  |                        |
|--|------------------------|
| Applicant:   | Social Security #:     |
| Date of Birth:   | Form Completed By:     |
| Date Form Completed:<br>Complete Eligibility<br>Packet Received: | Parent/Family Contact: |
| Chronological Age:   | Assigned Case Manager: |

**PART 1: Background Information**

A. Summarize Historical Data (NK = not known, NR = not relevant, give date and all past diagnoses that have been received in each area):

|   |
|---|
| 1. Developmental History:                                       |
| 2. Medical History:   |
| 3. Educational History:   |
| 4. Social History:  |
| 5. Mental Health History:                                       |
| 6. Previous Services Received:                                  |
| 7. Past Test Results (note if different from current findings): |

B. Review of Current Status and Needs:

|  |
|--|
| 1. Current residential placement and needs:  |
| 2. Current school placement and needs:   |
| 3. Other current needs or special problems (social, emotional, medical, legal, case-management, etc.): |

**PART 2: Most Recent Assessment Data\***

**A. Intellectual Functioning:**

| Date | Instrument | Ability Area | Standard Score | 95% Confidence Interval |
|------|------------|--------------|----------------|-------------------------|
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |

**B. Adaptive Behavior**

| Date | Instrument  | Ability Area        | Standard Score | 90% Confidence Interval |
|------|-------------|---------------------|----------------|-------------------------|
|      | Vineland-II | Communication       |                |                         |
|      |             | Daily Living Skills |                |                         |
|      |             | Socialization       |                |                         |
|      |             | Adaptive Composite  |                |                         |

**C. Academic Skills**

| Date | Instrument | Ability Area | Standard Score | 95% Confidence Interval |
|------|------------|--------------|----------------|-------------------------|
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |
|      |            |              |                |                         |

\*If child is untestable according to the guidelines of Appendix K, note this here: ☐ Yes

Please document why the child cannot be evaluated using a standardized testing format. Then go to part 3.

**PART 3: Documentation of Assessment Data for Children Who are Untestable**

At the bottom of this page, please summarize any of the following kinds of assessment data that are available:

- A. Results of behavior and ability checklists or screening devices to identify skills, strengths, and weaknesses.
- B. Results of informal assessment of play skills.
- C. Outcome of criterion-referenced assessment procedures.
- D. Measures of receptive or expressive language scales.
- E. Informal assessment by a teacher, Family Support Specialist, Case manager, or clinician.
- F. Observation of developmental levels and general functioning (home, school, work).
- G. Review of portfolios of the person's previous work or performance in a variety of settings.
- H. Review of any past records of school achievement (reading, writing, spelling, arithmetic).
- I. Parent interview regarding skills demonstrated at home.
- J. Teacher interview regarding skills demonstrated at school.
- K. Interview with work supervisor regarding skills in a job setting.

**Summary:**

### **PART 4: Conclusions From Data**

**A. Criteria #1: Documentation of Substantial Disability.**

|   |
|---|
| 1. <b>Intellectual Functioning</b> – Do the child's intellectual deficits cause a substantial disability in terms of daily functioning? <span style="float: right;"><input type="checkbox"/>Yes    <input type="checkbox"/>No</span><br>Summarize Rationale for Decision:   |
| 2. <b>Adaptive Behavior</b> – Is this child unable to care for himself/herself (self-care, home living, community use, work skills, etc.) without significant support from caregivers? <span style="float: right;"><input type="checkbox"/>Yes    <input type="checkbox"/>No</span><br>Summarize Rationale for Decision:  |
| 3. <b>Academic Skills</b> – Is this child unable to perform functional academic skills commensurate with his/her age? <span style="float: right;"><input type="checkbox"/>Yes    <input type="checkbox"/>No</span><br>Summarize Rationale for Decision:   |
| 4. Does the person have a neurological condition related to intellectual disability which requires treatment similar to that required by persons with intellectual disability?<br><div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">           A. Medical diagnosis of cerebral palsy?<br/>           B. Diagnosis of Level 2 or Level 3 autism spectrum disorder?<br/>           C. Medical diagnosis of uncontrolled seizure?<br/>           D. Other neurological condition similar to intellectual disability and requiring similar treatment? (Please name and describe briefly – attach additional supporting documentation as necessary).         </div> <div style="width: 25%;"> <div><input type="checkbox"/>Yes    <input type="checkbox"/>No</div> <div><input type="checkbox"/>Yes    <input type="checkbox"/>No</div> <div><input type="checkbox"/>Yes    <input type="checkbox"/>No</div> <div><input type="checkbox"/>Yes    <input type="checkbox"/>No</div> </div> </div> |

**B. Criteria #2: Documentation of Onset of Disability and Prognosis.**

|   |
|---|
| 1. When was the disability first identified (approximate date): _____<br>If unable to verify, please explain:   |
| 2. Has the disability continued or can be expected to continue indefinitely?<br><div style="text-align: center;"> <input type="checkbox"/>Yes    <input type="checkbox"/>No    <input type="checkbox"/>No Conclusion Established         </div> |

**PART 5: Final Review of Other Data  
(Strengths And Possible Inconsistencies):**

| 1. Does the child show a significant number of age-appropriate behaviors and abilities?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK* |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|--|---|------------------------|----------------------|------------------------|----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2. Are any IQ scores in the low average range or higher (80 or above)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3. Are any adaptive behavior standard scores in the low average range or higher (80 or above)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4. Are any achievement standard scores in the low average range or higher (80 or above)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5. Are several subtest scores (3 or more) within the average range (scaled scores of 8 or higher, standard scores of 90 or higher)? If yes, fill in #6.  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 6. If the answer to #5 is yes, list the names and scores for all subtests (cognitive, adaptive behavior, academic achievement) that are within the average range:<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Name of Test</u></th> <th style="text-align: left;"><u>Name of Subtest</u></th> <th style="text-align: left;"><u>Subtest Score</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> |   | <u>Date</u>            | <u>Name of Test</u>  | <u>Name of Subtest</u> | <u>Subtest Score</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Date</u>  | <u>Name of Test</u>   | <u>Name of Subtest</u> | <u>Subtest Score</u> |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____   | _____                  | _____                |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____   | _____                  | _____                |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____   | _____                  | _____                |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____   | _____                  | _____                |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____   | _____                  | _____                |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| _____  | _____   | _____                  | _____                |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 7. If the child has a psychiatric disorder (e.g., schizophrenia, major depression), could it have caused lowered IQ and adaptive test scores? If yes, please explain:  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 8. Does the person show service needs that are different from those provided to children with developmental disability?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 9. Are there extenuating circumstances operating in this case which were not adequately addressed above? (If yes, please attach supporting documents.)   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK  |                        |                      |                        |                      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

\*NK = Not Known

Child's Initials: \_\_\_\_\_

### PART 6: Eligibility Decision

According to the 6<sup>th</sup> Edition of Determining Eligibility for Services to Persons With Developmental Disabilities in Montana, the review of information in this case indicates that:

|   |   |
|---|---|
| <input type="checkbox"/>                | The child <b>is</b> eligible for services funded by the Developmental Disabilities Program.     |
| <input type="checkbox"/>                | The child is <b>not</b> eligible for services funded by the Developmental Disabilities Program. |
| The reasons for this decision are:<br>• |   |

|  |
|--|
| <b>Follow-Up Recommendations:</b> (Please summarize what is being recommended for the child/family following this determination of eligibility): |
|--|

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title